

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-4-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99211, 97110, 97124, 97035, 97018, and 99080-69.

II. FINDINGS & RATIONALE

Respondent submitted proof that payment was made for CPT codes: 99211, 97110, 97124, 97035 and 97018 rendered on 4-10-03; therefore, further action from the Medical Review Division is not necessary for these services.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-15-03	99080-69	\$15.00	\$0.00	G	\$15.00		TWCC-69 is not global to service rendered on this date. Treating doctor is required to file a TWCC-69. Reimbursement of \$15.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 99211, 97110, 97124, 97035, and 97032 in the amount of **\$ 748.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$748.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 04th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division